

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000003409

FILED
May 23, 2007
Secretary of State

Entity Name: NISSEN FASTENERS (FLORIDA) LLC

Current Principal Place of Business:

835 ELLINGHAM STREET
POINTE CLAIRE, QC H9R 5E8 CA

New Principal Place of Business:

8715 NW 100TH STREET
MIAMI, FL 33178 US

Current Mailing Address:

835 ELLINGHAM STREET
POINTE CLAIRE, QC H9R 5E8 CA

New Mailing Address:

PO BOX 145238
CORAL GABLES, FL 33114 US

FEI Number: 98-0388223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
835 ELLINGHAM ST
POINTE CLAIRE, QUEBEC, FL H9R-5E8 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRIS NISSEN

05/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NISSEN, CHRISTIAN V
Address: 2231 PLACE DE BELVEDERE
City-St-Zip: ST LAZARE,, QC J7T 2B1 CA

Title: MGRM () Delete
Name: NISSEN, RALPH D
Address: 223 MCDERMOTT
City-St-Zip: ROCKLAND, ON K4K 1K9 CA

Title: MGRM () Delete
Name: NISSEN, PETER A
Address: 41 OXFORD
City-St-Zip: BRIE D'URFE, QC H9X 2T6

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRIS NISSEN

PRES

05/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date